

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36753

1. PLACE OF DEATH

County Jackson
 Township Kau
 City Kansas City (No. 1211, E 345 St.)

Registration District No. 389Primary Registration District No. 8062

File No.

Registered No. 4676

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1211 E 345 St., _____ Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Luben</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 1, 1878</u>		
7. AGE <u>55</u>	YEARS <u>8</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
13. NAME <u>Solomon Luben</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
15. MAIDEN NAME <u>Reba Maltie</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>

17. INFORMANT (ADDRESS) <u>Harry Luben</u> <u>1211 E 345 St.</u>
18. BURIAL CREMATION, OR REMOVAL PLACE <u>St. Carmel</u> DATE <u>11-28-</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>J. P. Lewis Funeral Home</u> <u>C. 2nd</u>
20. FILED <u>Nov 28, 1933</u> <u>M. M. Lerow</u> <u>Asst. Registrar.</u>

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 27, 1933</u>
22. I HEREBY CERTIFY That I attended deceased from _____, 19____ I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ P. M. The principal cause of death and related causes of importance were as follows: <u>Myocardial infarction</u> <u>hypertension of the arteries</u> <u>arteriosclerosis</u> Other contributory causes of importance: <u>96</u> <u>90.3</u>

Name of operation <u>Autopsy</u>	Date of <u>Nov 28, 1933</u>
What test confirmed diagnosis? <u>Autopsy</u>	Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>Asphyxiation</u>	Nature of injury <u>Asphyxiation</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Asst. Registrar</u> (Address) <u>Asst. Registrar</u>	

XX
 D.

